

## Certified Operator Inspection Form and Check List - Contract Operation

PWS Name: \_\_\_\_\_ City/Town: \_\_\_\_\_ PWS ID#: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Arrival Time : \_\_\_\_\_ Departure Time: \_\_\_\_\_

Primary Operator Name: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Person Conducting Inspection: \_\_\_\_\_

Owner/Responsible Party: \_\_\_\_\_ Present at Inspection Y ☐ N ☐

Designated Staff: \_\_\_\_\_ Present at Inspection Y ☐ N ☐

	Inspected	Comments	Corrective Action Required
Zone I	Y <input type="checkbox"/> N <input type="checkbox"/>	_____ (Note new activities or structures in Zone I)	Y <input type="checkbox"/> N <input type="checkbox"/>
Wellhead/Pit	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
Storage Tank(s)	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
Chemical Addition	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
Read Meter(s)	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
Equipment Calibration	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
Water Quality Emergency		_____	Y <input type="checkbox"/> N <input type="checkbox"/>
Water Loss Emergency		_____	Y <input type="checkbox"/> N <input type="checkbox"/>
Third Party Repair/Calibration		_____	Y <input type="checkbox"/> N <input type="checkbox"/>
Cross Connection Inspection/Testing		_____	Y <input type="checkbox"/> N <input type="checkbox"/>
Sample Collection		_____	Y <input type="checkbox"/> N <input type="checkbox"/>
Paperwork (Emergency response plans, chemical addition form, annual stats, etc.)		_____	Y <input type="checkbox"/> N <input type="checkbox"/>

\_\_\_\_\_  
\_\_\_\_\_  
I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Operator Signature: \_\_\_\_\_ Date : \_\_\_\_\_  
Date form provided to owner or responsible party: \_\_\_\_\_